**Professional Beauty Training / Treatments and Pop Up Spa**

COVID-19 Pandemic Consent Form

**(MUST BE AGREED & SIGNED FOR BEFORE ALL TREATMENT)**

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| BUSINESS/SALON NAME | TREATMENT CARRIED OUT (please tick): |
| THERAPIST: | IN SALON | CLIENTS HOME |
| CUSTOMER NAME: |
| CUSTOMER ADDRESS: |
| CUSTOMER TEL: |

I knowingly and willingly consent to having nail and beauty services during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show any symptoms and still be highly contagious. It is possible to determine who has it and who does not, given the current limits in virus testing.

I understand that due to the frequency of visits of/to other clients, the characteristics of the virus. and the characteristics of nail / beauty services, that have an elevated risk of contracting the virus by being in the salon or having a therapist enter my home.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

* Temperature above 37.8degreesC or higher
* Shortness of breath
* Loss of sense of taste or smell
* Dry, persistent cough
* Sore throat

I confirm that I have not been around anyone with the symptoms in the past 14days.

I do not live with anyone who is sick or quarantined.

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the therapist’s strict guidelines, either on their premises or within my home. I verify that I have not travelled outside of the UK in the past 14days to countries that have not been affected by COVID-19.

I agree to all the above mentioned and wish to proceed with my treatment and will not hold the above-mentioned business/person in any way responsible. If I were to go on to show any symptoms of the virus.

|  |
| --- |
| CUSTOMER NAME (PRINT): |
| CUSTOMER SIGNATURE: | DATE: |
| WITNESSED: | DATE: |